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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/509,018
Filing Date	September 27, 2004
First Named Inventor	Katsuhiko KURUMADA
Group Art Unit	2874
Examiner Name	Ellen E. KIM
Attorney Docket Number	32307-208197

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form

<input checked="" type="checkbox"/> Issue Fee Transmittal

<input type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final

<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input checked="" type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Drawing(s)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

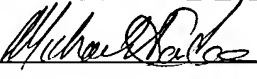
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name		26694 PATENT TRADEMARK OFFICE
Signature		Michael A. Sartori, Ph.D. – Reg. No. 41,289
Date	April 11, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:

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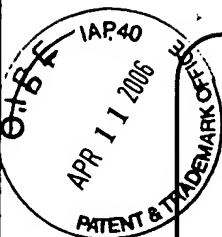
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Date

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision.

Complete if Known

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First Named Inventor	Katsuhiko KURUMADA
Examiner Name	Ellen E. KIM
Group / Art Unit	2874
Attorney Docket No.	32307-208197

TOTAL AMOUNT OF PAYMENT (\$) 1,880**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

22-0261

Deposit
Account
Name

Venable LLP

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
-
- ☐
- Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☒ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee(\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1012	200	2012	100	Design filing fee	
1013	200	2013	100	Plant filing fee	
1014	300	2014	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
1081	250	2081	125	Utility App. Size Fee	
1082	250	2082	125	Design App Size Fee	
1083	250	2083	125	Plant App. Size Fee	
1084	250	2084	125	Reissue App Size Fee	
1085	250	2085	125	Prov. App Size Fee	

SUBTOTAL (1)

(\$0)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims		X	
Independent Claims		X	
Multiple Dependent		X	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2204	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims in excess of three
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Lrg Ent Fee (\$)	Fee Code	Sm Ent Fee (\$)	Fee Description	Fee Paid
1111	500	2111	250	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	300	2113	150	Plant Search Fee	
1114	500	2114	250	Reissue Search Fee	
1311	200	2311	100	Utility Examination Fee	
1312	130	2312	65	Design Examination Fee	
1313	160	2313	80	Plant Examination Fee	
1314	600	2314	300	Reissue Examination Fee	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2215	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	\$1,400
1502	800	2502	400	Design issue fee	
1503	1,100	2503	550	Plant issue fee	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	\$180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
Other fee (specify) Publication Fee					\$300

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1,880)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY Complete (if applicable)

Name (Print/Type) Michael A. Sartori, Ph.D.

Reg No. Attorney/Agent

41,289

Telephone

202-344-4000

Signature

Date April 11, 2006

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LITGANT & L.L.C.

PC Docs No. 740950v1

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